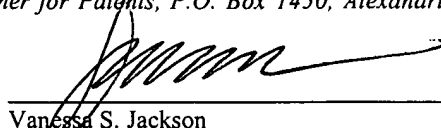




PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 24, 2005.


Vanessa S. Jackson

Applicant : Akihiro Ohta
Application No. : 10/052,029
Filed : January 15, 2002
Title : TARGET RECOGNITION APPARATUS
Grp./Div. : 2625
Examiner : Abolfazl Tabatabai

Confirmation No. 1244

Docket No. : 47723/DBP/A400

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
August 24, 2005

Commissioner:

Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------|---------------------------|----------------------|----------------------|------|
| | Claims Remaining After Amendment | Highest Number Paid For | Number Extra Claims | Small Entity Rate | Large Entity Rate | FEE |
| Total Claims Fee | 21 | *21 | 0 | 0 x \$25.00 | 0 x \$50.00 | 0.00 |
| Independent Claims | 1 | ** 3 | 0 | 0 x \$100.00 | 0.00 x \$200.00 | 0.00 |
| Multiple Dependent Claims *** | | | | \$180.00 | \$360.00 | 0.00 |
| TOTAL FILING FEE | | | | | | 0.00 |
| NO ADDITIONAL FEE REQUIRED | IF NO FEE REQUIRED, INSERT "0" | | | | | 0.00 |
| LIST INDEPENDENT CLAIMS: 1 | | | | | | |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME | | | | | | |

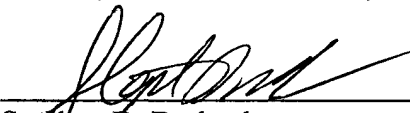
Amendment Transmittal Letter
Application No. 10/052,029

_____ Attached is our check for \$ to pay the fees calculated above.
X_____ A Petition for Extension of Time and the required fee are enclosed.
_____ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
Stephen D. Burbach
Reg. No. 40,285
626/795-9900

SDB/vsj

VSJ PAS639746.1-* -08/24/05 10:38 AM